Name in Full Robert M. Boyce

Certificate of Death

Died at Town Hunter's Point County Anne Arundel MARYLAND

Date 189 9 Month 6 Day 27 | Age Y. 21 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Drowned 148 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Republican

Address 7-1 [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Joseph Brady

Certificate of Death

Died at Town Rock Creek County Ill - A. MARYLAND

Date 1899 Month 6 - Day 4 | Age Y. 40 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ? ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Drowned 148 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by S. H. S. Riley Coroner

Address 1639 Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full — Certificate of Death

Matilda Chase

Died at Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 Month: 6 Day: 13 — Age Y.: 14 M.: D.: — Native of: md — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of: —

Father's Name: — Chase — Mother's Name: Isabella Chase

Cause of Death — Primary: Epilepsy 47 — How long sick: 3 days

Immediate: Convulsions

Accident, Suicide, Homicide

Reported by: Jos. M. Worthington

Address: Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Read for record
June 15-th 1899

Name in Full

Certificate of Death

Nathaniel Courby

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: June Day: 6 | Age Y.: 8 M.: D.: | Native of: Negro | Occupation: Laundrie

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name: Jas. Courby | Mother's Name: Annie Courby

Cause of Death — Primary: Cholera Infantum | How long sick: 2 days

Immediate: Exhaustion 12 | ~~Accident, Suicide, Homicide~~

Reported by: F. C. Thompson M. D.

Address: 93 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, B598B

Read for record
June 8th 1899

Name In Full

Regin Gaither

Certificate of Death

Died at Town Wellham's County A. A. MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	6	10					

Male ~~Female~~ ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Depot.

Address [redacted] June 24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74808

Name in Full | Certificate of Death

Harriett Ann Hillery

Died at Town Davidsonville County A A Co MARYLAND

Date 1899 Month June Day 2 | Age Y. 25 M. 5 D. 12 | Native of Davidsonville | Occupation House Wife

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of George E Hillery

Father's Name Charles Hawkins Mother's Name Loneisa Butler

Cause of Death: Primary Consumption 22a | How long sick 5 months

Immediate ——— | ~~Accident, Suicide, Homicide~~

OVER

Reported by B R Davidson M D

OVER

Address Davidsonville [redacted] anne Arundle co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Burton Jones

Town

Died at Annapolis

County

Anne Arundel MARYLAND

Date 1899 Month June Day 17

Age Y. 2 M. 6 D. —

Native of Annapolis

Occupation none

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of
Wife

Father's Name George Jones

Mother's Name Kate

Cause of Death — Primary: Tuberculosis — Meningitis — How long sick 2 weeks

Immediate: " " 7

Accident, Suicide, Homicide

Reported by H R Walton

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Read for record
June 20 '99

Name in Full

Certificate of Death

Geo Jones -

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 189 9 Month: June Day: 20 | Age Y. 2 M. mos. D. | Native of: Annapolis | Occupation: nun

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: George Jones

Mother's Name: Kate

Cause of Death — Primary: Pertussis - 7 — How long sick: 3 weeks

Immediate: Congestion Lungs — Accident, Suicide, Homicide

Reported by H R Walton

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEEB

Read for record
June 20 '99

Name in Full

Lee

Certificate of Death

Died at Town: Shady Side County: A. A. Co MARYLAND

Date 189 9 Month: June Day: 28 Age Y. — M. — D. 4 Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living —

Husband / Wife of —

Father's Name Robert H Lee

Mother's Name Lottie Phipps

Cause of Death — Primary: Intestinal Obstruction — Immediate: Inanition

How long sick 4 days

Accident, ~~Suicide, Homicide~~

Reported by Geo T Dent, M.D.

Address Shadyside, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Lowman

Certificate of Death

Died at Town Odenton County Anne Arundel MARYLAND

Date 1899 Month 6 Day 22 Age Y. 77 M. D. Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband of Wife Elenor Pumphrey

Father's Name Dennis Lowman

Mother's Name Sarah Shout

Cause of Death Primary Paralysis

Immediate Do

How long sick 4 years & mostly

~~Accident, Suicide, Homicide~~

Reported by J. W. Du Bois M.D.

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Eliza Bertiana Madden

Died at Town Room of Bars County Anne Arundel MARYLAND

Date 1899 Month 6 Day 22 | Age Y. 23 M. D. | Native of Howard Co. | Occupation

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 161

Cause of Death: Primary Natural causes | How long sick

Immediate | Accident, Suicida, Homicida

Reported by Julian Brewer J.P.

Address Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coronar, undartaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Rachel Oliver Matthews

Certificate of Death

Died at Town: Annapolis County: A.A. Co. MARYLAND

Date 1899 Month: 6 Day: 25 | Age Y.: 1 M.: 8 D.: 23 | Native of: City | Occupation: ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name: Stephen Matthews

Mother's Name: Carrie Hammond

Cause of Death: Primary: Catarrh 71 | How long sick: 10 days

Immediate: Broncho Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: William Bishop M.D.

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
June 28 1899

Name in Full | Certificate of Death

Rachael Miles

Died at Town: Brooklyn County: Anne Arundel MARYLAND

Date 1899 Month: June Day: 22 Age Y. 50 M. D. Native of Occupation: Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of George Miles

Father's Name Mother's Name Susan Smith

Cause of Death: Primary Natural Causes 155 b How long sick Not at all

Immediate evidently, Heart failure Accident, Suicide, Homicide

Reported by Thomas L McClelland J.P. acting Coroner

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Mrs Robt Miller

Died at Town: Annapolis County: A. Arundel — MARYLAND

Date 189 9 Month: June Day: 7 | Age Y: 52 M. D. | Native of | Occupation: Housekeeper

~~Male~~ / Female | White / Colored | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living

~~Husband~~ / Wife of Robt. Miller

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death — Primary: Heath 147 | How long sick: few hours

Immediate: Heart paralysis | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H R Walton

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Recd for record
June 9th 1899

Name in Full Georgiana P. Porter

Certificate of Death

Died at Town Annapolis, County Anne Arundel MARYLAND

Date 1899 Month June Day 12 | Age Y. 23 M. yrs. D. | Native of Md. | ~~Occupation~~

~~Male~~ Female | White | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 1

~~Husband~~ ~~Wife~~ of

Father's Name Lt. Comdr. D. Porter U.S.N. Mother's Name Elizabeth Mason

Cause of Death: Primary Typho-Malarial Fever, How long sick 13 days

Immediate Intestinal Perforation ~~Accident, Suicide, Homicide~~

Reported by William G. Ridout, Jr.

Address Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Read for record
June 12 1899

Name in Full — Certificate of Death

Joseph Price

Died at Annapolis (Town), Anne Arundel (County) MARYLAND

Date 189 June 10 | Age 21, 5 (Y. M. D.) | Native of Md. | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of ——— 22a

Father's Name Geo. Price | Mother's Name Julia Price

Cause of Death — Primary: Phthisis Pulmonarum — How long sick 2 yrs

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by H. H. Nicholls M. D.

Address 47 Market St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Rec'd for record
July 5th 1849

Name in Full | Certificate of Death

Mrs Eugenia Roget

Died at Town: Annapolis County: A. Arundel — MARYLAND

Date 1899 Month: June Day: 2d | Age Y. 88 M. D. | Native of: France | Occupation: none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: two

Husband / Wife of: Dead Prof. Edward A Roget

Father's Name: Dont Know Mother's Name: Dont Know

Cause of Death: Primary: old age 141 How long sick: 1 month

Immediate: —

~~Accident~~, ~~Suicide~~, Homicide

Reported by: H R Walton

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
June 9th 1899

Name in Full: Olevia Scott

Certificate of Death

Died at Town: Churchton County: A. A. MARYLAND

Date 189 9 Month: June Day: 4 Age Y. 1 M. 10 D. 5 Native of: Md Occupation: — —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~ —

Husband of Wife — —

Father's Name: William Scott

Mother's Name: Bertie Thompson

Cause of Death: Primary: Cholera Infantum

Immediate: Convulsions

How long sick: 2 days

~~Accident, Suicide~~, Homicide

Reported by: Geo. T. Dent, M. D.

Address: Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Edgar A. Thyourdan

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: June Day: 12 | Age Y. M. D.: 59 | Native of: France | Occupation: U.S. Navy

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ ~~Number of children living~~

Husband of ~~Wife~~: Louisa Thyourdan

Father's Name: Jean Thyourdan | Mother's Name: [illegible]

Cause of Death: Primary: Cancer Stomach | Immediate: Inanition 25b

How long sick: 8 yrs

Accident, Suicide, Homicide

Reported by: H. R. Winchester M.D.

Address: 47 Market St. Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Read for record
July 5th 1849

Name in Full — Rachel Smothers — Certificate of Death

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 189 9 — Month: 6 — Day: 2 — Age: Y. 90 M. D. — Native of: md — Occupation: Housewife

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of —
Wife

Father's Name —

Mother's Name —

Cause of Death — Primary: Old age — 141 — How long sick —

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by J. M. Worthington

Address Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Recd for record
June 6th 1849

Name In Full: Eliza Thomas

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1899 Month 6 Day 13 Age Y. 70 M. D. Native of — Occupation none

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife —

Father's Name unknown Mother's Name unknown

Cause of Death: Primary Chronic Rheumatism — How long sick

Immediate Gen'l Debility 134 — ~~Accident, Suicide, Homicide~~

Reported by W Bishop M.D

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Read for record
June 17th
1849

Name in Full Edith Thompson — Certificate of Death

Died at Town Churchton — County A.A. — MARYLAND

Date 189 9 Month June Day 13 — Age Y. 18 M. — D. — Native of Md — Occupation —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living one

Husband / Wife of — — — —

Father's Name John H. Thompson — Mother's Name Laura Gage

Cause of Death — Primary Dysentery — How long sick 20 days

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Geo T Dent M.D.

Address Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Thompson

Certificate of Death

Died at Town Churchton County A. A. MARYLAND

Date 1899 Month June Day 8 | Age Y. 92 M. – D. – | Native of A.A. Co Md Occupation Midwife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name Henry Johnson

Mother's Name

Cause of Death Primary Old Age

Immediate Apoplexy

How long sick 10 minutes

~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent M.D.

Address Churchton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 66968